

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://www.drl.state.wi.us>

## PHYSICAL THERAPISTS AFFILIATED CREDENTIALING BOARD

### PHYSICAL THERAPY CERTIFICATE OF PROFESSIONAL EDUCATION

THIS FORM MUST BE COMPLETED BY YOUR PHYSICAL THERAPY SCHOOL  
AND RETURNED TO THE PHYSICAL THERAPISTS AFFILIATED CREDENTIALING BOARD

<b>APPLICANT - Please complete this section.</b>	
<b>NAME</b> (First, Middle, Maiden, Last) _____	<b>Social Security Number*</b> ____ - ____ - _____
<b>ADDRESS</b> (City, State, Zip) _____	<b>Date of Graduation</b> ____ / ____ / ____
<b>CERTIFYING SCHOOL - Please complete this section.</b>	
<b>NAME OF INSTITUTION</b> _____	<b>LOCATION OF INSTITUTION</b> _____
<b>DEGREE AWARDED</b> _____	<b>MAJOR</b> _____
<b>DATE DIPLOMA GRANTED</b> _____	

\_\_\_\_\_  
Signature of Dean or Department Head

\_\_\_\_\_  
Date

**SCHOOL SEAL**

\* For use in the school locating your records.

#1486 (Rev. 14/03)

Ch. 448, Stats.

Committed to Equal Opportunity in Employment and Licensing